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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 additional hours of work hardening (cervical, lumbar spine)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

10/14/10, 11/2/10

Healthcare Systems 7/7/10 to 10/6/10

Work Hardening Treatment Plan 9/14/10 to 10/30/10

Healthcare Systems 7/9/10 to 10/29/10

Rehabilitation Center 10/5/10 to 10/25/10

Medical Center 7/3/10

Specialties 7/14/10

Medication Contract 9/10/10

ODG Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This claimant has a date of birth of xx/xx/xx. The claimant worked as a xx. A job description is not available. He reported neck and back pain on xx/xx/xx after he slipped from the steps of a truck and fell into the truck next to him. He has had physical therapy with inconsistent evidence of improvement. He has had 80 hours of work hardening and is currently at a medium level of functioning. The documentation indicates he has to function at a heavy level. The notes indicate on 8/20/2010 that drug screen was inconsistent. There was no evidence of opiates although patient was supposed to be taking hydrocodone for pain. In September the drug screen was positive for cannabis or marijuana. BDI Is 7. BAI is 4. He is not on psychiatric medications. Lumbar MRI shows L5/S1 disc herniation with indentation of the thecal sac. Cervical MRI shows 2-3 mm central disc protrusion with no indentation of the thecal sac.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

Work hardening for the low back is appropriate if there has been an adequate trial of active PT with improvement documented and then followed by a plateau. This is not documented. The ODG indicates there should be evidence of psychological barriers to recovery to justify WH. In this instance BDI and BAI do not indicate barriers to recovery. The patient has been in work hardening and there is questionable compliance with use of opiates and possible use of other non-prescribed substances such as cannabis. The employer has not supplied physical demands for his job to determine there is an inability to RTW. The reviewer finds no medical necessity at this time for 80 additional hours of work hardening (cervical, lumbar spine).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)